

Registration Information

Lansing Parks and Recreation-Therapeutic Recreation

We ask that you complete this form once a year.
If there are any changes within that year, you must update this information as soon as possible.
This information will be held in strict confidence and is used by staff to ensure that each participant receives the best experience possible.

Name: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Phone Number(s): _____

Parent Name: _____ Emergency Contact: _____

Emergency Contact Phone Number(s): _____

Registration Season: Fall: _____ Winter: _____ Spring: _____ Summer: _____

Program Title: _____ Activity Number: _____

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Does your camper need any assistance/or respond best with any of the following? If yes, please circle or check what applies most to them so we can help make their experience with us a success.

Learning Style:

- **Visual Learner**- learns best by seeing information. (viewing a colorful picture of activity, watching a demonstration of activity)
- **Auditory Learner** – learns best by hearing information. (short directions, more detailed direction, repetition of directions, repeating directions out loud)
- **Kinesthetic Learner** – learns best by doing; hands on learner. (actually perform the activity)

Any additional comments:

Activities of Daily Living:

- Needs assistance with shoes – putting on feet, taking off feet, tying
- Needs assistance with jacket – putting on, taking off, zipping, unzipping
- Needs a reminder to use the restroom, or a reminder to wash hands
- Needs assistance washing hands, drying hands

Any additional comments, or areas they may need assistance:

Sensory Stimuli:

| Tactile | Taste/Smell | Sensation | Auditory | Energy | Visual/Other |
|---------------------------------|---------------------------------------|---------------------------------------|------------------------------------|---|----------------------------|
| Distress when grooming | Only eats certain foods | Makes noise or talks to self | Distracted or unfocused when noisy | Seems to tire easily | Bothered by bright lights |
| Has difficulty standing in line | Limits food by texture or temperature | Has difficulty being still or sitting | Does not like loud noises | Seems to have weak muscles | Fear of heights |
| Has difficulty in tight groups | Food allergy | Touches objects or people | Difficulty paying attention | Seems to remove or distract themselves in physical activity | Fear of falling |
| Sensitive to movement | Bothered by certain smells | Holds hands over ears | Bothered by buzzing lights | | Dislikes being upside down |
| Dislikes sand | | Doesn't focus on one activity | Doesn't respond to name | | |
| Difficulty with grass | | | Does not like echo sounds | | |
| Difficulty with bare feet | | | Appears not to hear you | | |

Additional Comments:

Emotional Responses/Calming down

- Can your camper express feelings?

- Can your camper talk through hurt/angry feelings?

- Does your camper throw tantrums? Self-inflict, or strike out at others?

What helps to calm your camper?

- Walk _____
- Quiet Space _____
- Reading _____
- Swinging/Rocking _____
- Squeeze Toy _____
- Other _____

Additional Comments:

- Does your child run away? Yes _____ No _____
- What has your child been diagnosed with? (ADD, ADHD, Autism, etc.)

Transitions:

How does your camper best move from one activity to the next?

- Needs a timed verbal warning (example: we have five minutes left)
- Needs a countdown clock
- Needs a picture or written schedule
- Other _____

Additional Comments:

Are there any activities your child does NOT like to play?

List medications and give instructions if they are to be dispensed at the program. Each day that you attend you will need to bring the medication in a properly marked bottle.

| Medical Condition/Medication | When Dispensed |
|------------------------------|----------------|
| | |
| | |

Release Information Requests

Does your son or daughter have a IEP with the school district? Yes_____ No_____
If yes, please read the request for follow up information with the teacher/consulatant.

We are working with Clinton, Eaton and Ingham County Community Mental Health Department for education, training and support. In addition we would like to work with your son/daughter(s) teacher or other support staff in the school. If your child has a current IEP on record with the school district, would you provide contact information so we can follow up with them?

Teachers Name: _____

School: _____ Phone: _____

Photo Release

The photo release is optional. The staff at Lansing Parks and Recreation often takes pictures throughout the year to record events, provide documentation for grants and provide pictures for purposes of education. On occasion, the Lansing State Journal or local news station has also taken video and/or pictures. These are also for professional and educational purposes. If you have agreed to the picture and/or video, the staff at Lansing Parks and Recreation will do its best to notify you of any picture and/or video to be used by the Lansing State Journal or local news station. At no time will the staff take pictures that appear to be inappropriate.

Childs Name: _____ Date: _____

Name of Parent or Guardian: _____ Phone: _____

I authorize _____ to be photographed and/or video taped and that said photograph and/or video tape may be used for education, documentation or promotional purposes. I hereby waive all claims for monetary or other purposes.

Parent/Guardian Signature: _____ Date of Release: _____

Emergency Waiver

In registering for this activity, I hereby give permission to the Lansing Parks and Recreation Department staff or its agents to secure emergency, medical or hospital treatment for _____. I also release the City of Lansing, its officers, agents, employees and volunteers of all liability in this activity or by any emergency medical or hospital treatment.

Parent/Guardian Signature: _____ Date of Release: _____

An appointment will need to be scheduled with Kalea Delezenne, Therapeutic Recreation Coordinator prior to your child attending the program.

This will help ensure that your child will have the best experience possible. Please call (517) 483-4311 or email kdelezenne@lansingmi.gov.

RETURN TO:

Kalea Delezenne, Therapeutic Recreation Coordinator
1220 W. Kalamazoo
Lansing, MI 48915
(517) 483-4291